



APPLICATION FORM FOR FINANCIAL ASSISTANCE

ALL sections of the form must be completed **IN FULL**.

Incomplete forms will not be considered for assistance but referred to the applicant for completion.

All information in the form will be treated as confidential.

This application has been completed by:

Name: _____

Address: _____

Phone: _____ Date: _____

Email: _____

Relationship to applicant: _____

APPLICANT DETAILS

Name: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Date of Birth: _____

Marital Status: _____ Partners Name: _____

Employment status of applicant: _____

Employment status of partner: _____

Is the applicant Aboriginal or Torres Strait Islander origin? Yes No

Is the applicant an Australian citizen? Yes No

In English the applicants first language? Yes No

Does the applicant have private health insurance? Yes No

Does the applicant have access to Medicare benefits? Yes No

Does the applicant have income protection? Yes No

Income (please circle): Centrelink benefit self-funded retiree salary earner other

If other, please explain: _____

Please circle relevant cards held: Health Care card HCC/Pension DVA Gold DVA White



Please circle in relation to lodging: Own home Mortgage Lease Rent State Housing

Do have any investments? (please explain): _____

Dependents / Children:

Name/s (first): _____

Age: _____

Has the applicant sought financial support / counselling / consulted with a social worker? (please explain):

Have you had support from Midwest Charity Begins at Home? _____

Please provide details of any funds raised, grants, settlements, go fund me pages, community events, or compensation awarded / pending in relation to this applicant. Please include assistance currently sought from elsewhere (i.e. other charity assistance, benefits etc.):

Does the applicant have a criminal conviction? (Please explain): _____

How long has the applicant been a resident in the Midwest region? (Must be a minimum of 12 months)



REFEREES

To assist Midwest Charity Begins at Home Inc to make a decision as quickly as possible, we require contact details for three referees who can verify the information provided. The first referee **must be your treating medical practitioner.**

Please advise these referees to expect contact from us to discuss your circumstances and needs.

Referee 1: (Medical Practitioner) _____

Phone: _____ Email: _____

Referee 2: _____ Relationship to applicant: _____

Phone: _____ Email: _____

Referee 3: _____ Relationship to applicant: _____

Phone: _____ Email: _____

Please note: Midwest Charity Begins at Home committee reserves the right to make such enquiries as we consider appropriate in the assessment of your application and may contact other than those nominated.

How did you hear about Midwest Charity Begins at Home Inc?: _____

Please initial below:

Further direct contact:

_____ I accept that a member of the MWCBAH committee will call me to obtain further information or supporting documentation in regard to this application and I agree that I will provide as much information or documentation as requested / necessary.

Privacy:

_____ I agree to keep the sum of funds confidential as this helps respect all our recipients both past and present, including in all media interviews.

Promotional Endorsement: (if application successful)

_____ I authorize MWCBAH to use any of the information provided in my application for promotional purposes (name withheld unless specific client consent sought).



_____ I certify that I have the consent of 'the applicant' in completing this application.

_____ I agree to provide a photo opportunity to MWCBAH at the time of the handover of the benefit

_____ I am a local resident / member of the Midwest region

_____ I understand that the recipient release from and indemnifies the Midwest Charity Begins at Home Inc committee against, all liability that may arise from unforeseen circumstances. The committee's decision will be final and cannot be contested. No correspondence will be entered. The committee reserve the right to limit entry or amend conditions if considered necessary, without notice.

Signature: _____

Date: _____

Declaration of the Applicant

I certify that all of the information given in this application is to the best of my knowledge and belief, correct and that I am the applicant / I am acting on behalf of the applicant.

Signature: _____

Date: _____

If the applicant is under 18 years of age this application must be signed below by the applicant's parent or guardian.

Signature: _____

Date: _____

Relationship to applicant: _____

All applications will be reviewed in a timely manner at the discretion of the committee.

PLEASE NOTE: An original signature(s) is required on this document.

Return to: info@charitybeginsathome.org.au or PO Box 1683, Geraldton WA 6531



PLEASE HAVE YOUR MEDICAL PRACTITIONER FILL OUT THE FOLLOWING FORM & RETURN WITH APPLICATION

MEDICAL CONFIRMATION REPORT

Applicant name: _____

Address: _____

Phone: _____

Description of serious illness: _____

I hereby confirm the condition of this application is considered a serious illness and that the applicant needs financial assistance.

SIGNATURE: _____

NAME: _____

QUALIFICATION: _____

PRACTICE: _____

PHONE: _____

EMAIL: _____



PERSONAL INCOME & EXPENDITURE STATEMENT

MONTHLY INCOME			PERSONAL	
Wage 1			Medical	
Wage 2			Hair / Nails	
Pension 1			Clothing / Shoes	
Pension 2			Health Club	
Child Support			Memberships / Fees	
Family Payment			Dry Cleaning	
Austudy / Abstudy			Dentist	
Rent			Chemist / Medications	
Board			Spectacles	
Shares			Toiletries / Cosmetics	
Other Income			Child Support	
TOTAL			Internet	
			TV Subscriptions	
HOUSING / LIVING			Papers / Magazines	
Mortgage / Rent			Alcohol / Cigarettes	
Phone			Personal Spending	
Electricity			Lotto / Gambling	
Gas			Fines	
Water / Sewer			Sports	
Cable			Birthdays	
Waste Removal			Tax Debts	
Maintenance / Repairs			Other	
Supplies				
Land Rates			INSURANCE	
Water Rates			Health	
Garden / Lawn Mowing			Home	
Other			Life	
			Ambulance	
OTHER PAYMENTS			Superannuation	
DSS Repayments			Other	
Credit Card 1				
Credit Card 2			TRANSPORT	
Store Account 1			Vehicle Payments	
Store Account 2			Bus / Taxi Fares	
Personal Loan 1			Insurance	
Personal Loan 2			Licensing & Registration	
Hire Purchase			Fuel	
Court Order			Maintenance / Repairs	
Other Loans			Other	
			TOTAL MONTHLY	



PERSONAL ASSETS & LIABILITIES STATEMENT

ASSETS	
House	
Car	
Boat	
Motor Bikes	
Caravan	
Farm	
Investment Property	
Other Property	
Shares	
Bank Deposits	
Cash	
TOTAL	
LIABILITIES	
House	
Car	
Boat	
Motor Bikes	
Caravan	
Farm	
Investment Property	
Other Property	
TOTAL	